

BIOGRAPHICAL

Please answer the following questions about your background.

1. How do you best describe your agency/organization?
 - ☐ State Health Department
 - ☐ City or County Health Department
 - ☐ Coalition
 - ☐ Advocacy Group
 - ☐ University
 - ☐ Community-Based Organization
 - ☐ Voluntary Health Organization
 - ☐ Other (please specify)
2. Though you may work in several capacities, which do you consider your primary position? (**Required**)
 - ☐ Program Manager/Administrator/Coordinator
 - ☐ Health Educator
 - ☐ Epidemiologist
 - ☐ Statistician
 - ☐ Program Planner
 - ☐ Program Evaluator
 - ☐ Division or Bureau Head/Division Deputy Director
 - ☐ Department Head
 - ☐ Community Health Nurse, Social Worker, Dietitian, Nutritionist
 - ☐ Lay Health Worker
 - ☐ Other (please specify)
3. How long have you worked for this agency/organization?

____ Years
____ Months
4. How long have you been in your current position?

____ Years
____ Months
5. How long have you been involved in public health overall?

____ Years
____ Months

6. Do you specialize in a single program area or do you manage multiple areas? **(Required)**
- ☐ I specialize in a single program area
 - ☐ I manage multiple program areas
7. In what single program area do you specialize? **(Required)**
- ☐ Diabetes
 - ☐ Obesity
 - ☐ Physical Activity
 - ☐ Diet/Nutrition
 - ☐ Cancer Prevention and Control
 - ☐ Tobacco
 - ☐ Cardiovascular Health
 - ☐ Arthritis
 - ☐ Asthma
 - ☐ School Health
 - ☐ Women's Health, including Maternal and Child Health
 - ☐ Vision Preservation
 - ☐ Healthy Aging
 - ☐ Osteoporosis
 - ☐ Other (please specify)
8. In what other program areas do you specialize? (Check all that apply) **(Required)**
- ☐ Diabetes
 - ☐ Obesity
 - ☐ Physical Activity
 - ☐ Diet/Nutrition
 - ☐ Cancer Prevention and Control
 - ☐ Tobacco
 - ☐ Cardiovascular Health
 - ☐ Arthritis
 - ☐ Asthma
 - ☐ School Health
 - ☐ Women's Health, including Maternal and Child Health
 - ☐ Vision Preservation
 - ☐ Healthy Aging
 - ☐ Osteoporosis
 - ☐ Other (please specify)

9. Please indicate the size of the population your agency serves.
- ☐ 0 – 24,999
 - ☐ 25,000 – 49,999
 - ☐ 50,000 – 74,999
 - ☐ 75,000 – 99,999
 - ☐ 100,000 – 149,999
 - ☐ 150,000 – 199,999
 - ☐ 200,000 – 299,999
 - ☐ 300,000 – 399,999
 - ☐ 400,000+
10. Please indicate your gender.
- ☐ Male
 - ☐ Female
11. What is the most advanced degree you have completed?
- ☐ High school or GED equivalent
 - ☐ Some college
 - ☐ Bachelor's degree
 - ☐ BSN/RN/LPN
 - ☐ MPH or MSPH
 - ☐ MS, MA, or other masters degree
 - ☐ DrPH
 - ☐ PhD
 - ☐ MD
 - ☐ Other (please specify)

EVIDENCE-BASED DECISION MAKING

The next set of questions asks about evidence-based decision making. For the purposes of this survey, we think that evidence-based decision making involves the development, implementation, and evaluation of effective programs and policies in public health through:

- The systematic use of data and information systems
- The application of principles of scientific reasoning coupled with community engagement
- The appropriate use of behavioral science theory and program planning models

12. Based on your experience and best judgment, what percentage of programs in your agency is evidence-based?

31. Distance training opportunities via conference call or CD-ROM.

**Least likely
to use**

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7

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**Most likely
to use**

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32. A peer-to-peer network where you could discuss issues and ideas with colleagues.

**Least likely
to use**

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**Most likely
to use**

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33. Are there other resources that you would find helpful in using evidence-based decision making? What are they?